RCE filed 11/6/06

PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application or Docket Number: 10/678896

APPLICATION AS FILED – PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	SMALL ENTITY RATE ($)	FEE ($)	OR	OTHER THAN SMALL ENTITY RATE ($)	FEE ($)
BASIC FEE (37 CFR 1.16(a), (b), or (c))				395			790
SEARCH FEE (37 CFR 1.16(k), (i), or (m))							
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))							
TOTAL CLAIMS (37 CFR 1.16(i))	49 minus 20 =		x 25 =		OR	x 50 =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))	9 minus 3 =		x 100 =			x 200 =	
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))			180			360	
			TOTAL			TOTAL	790.00

* If the difference in column 1 is less than zero, enter "0" in column 2.

APPLICATION AS AMENDED – PART II

		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE ($)	ADDI-TIONAL FEE ($)	OR	OTHER THAN SMALL ENTITY RATE ($)	ADDI-TIONAL FEE ($)
AMENDMENT A	Total (37 CFR 1.16(i))		Minus	**	=	x 25 =		OR	50 =	
	Independent (37 CFR 1.16(h))		Minus	***	=	x 100 =		OR	200 =	
	Application Size Fee (37 CFR 1.16(s))							OR		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					180		OR	360	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE ($)	ADD'L FEE ($)	OR	RATE ($)	ADD'L FEE ($)
AMENDMENT B	Total (37 CFR 1.16(i))		–	**	=	x 25 =		OR	50 =	
	Independent (37 CFR 1.16(h))		Minus	***	=	x 100 =		OR	200 =	
	Application Size Fee (37 CFR 1.16(s))							OR		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					180		OR	360	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.